



APPLICATION FOR CEMETERY REGISTRATION

State Form 47332 (R3 / 2-04)

Approved by State Board of Accounts, 2004

FEE: \$100.00

Indiana State Board of Funeral and Cemetery Service
302 W. Washington Street, Room E034
Indianapolis, IN 46204

*Your federal ID number is being requested in accordance with IC 4-1-8-1; however, disclosure is not mandatory. The number will be given to the Department of Revenue.

Name of cemetery		
Address of cemetery (number and street, city, state, ZIP code)		
Telephone number	Federal ID number *	
If this is a purchase of a previously licensed cemetery, provide the previous cemetery name and address here		
(check applicable category)		
<input type="checkbox"/> sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> association <input type="checkbox"/> other organization		
Name of sole proprietor (if applicable)		
Principal address of residence of sole proprietor (number and street, city, state, ZIP code) if applicable:		
NAMES, TITLES AND PRINCIPAL ADDRESSES OF THE PARTNERS, DIRECTORS OR OTHER EXECUTIVE OFFICERS		
Name	Name	
Title	Title	
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)	
Name	Name	
Title	Title	
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)	
Name	Name	
Title	Title	
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)	
NOTARY CERTIFICATE (SWORN OATH)		
STATE OF _____ } SS:		
COUNTY OF _____		
I, _____ having been duly sworn on oath, say that I am the authorized representative of the cemetery making application for registration, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of authorized cemetery representative	Signature of Notary Public	
Printed or typed name of authorized cemetery representative	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

(If additional space is required, use the back of this form)